

CH

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT, ILLINOIS

FILED

DEC 18 2007 *aw*  
Dec 18 2007  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

TYRONE OWENS  
ET. AL.  
PLAINTIFF

V.

SHERIFF TOM DART  
Defendant ET. AL.

CASE NO. 07-C-6800

JUDGE HOLDERMAN

MAGISTRATE JUDGE ASHMAN

MOTION FOR CLASS CERTIFICATION

NOW COMES, TYRONE OWENS, PLAINTIFF, PRO. SE. AND REQUEST THAT THIS COURT GRANT HIS MOTION FOR CLASS CERTIFICATION. IN SUPPORT THEREOF, PLAINTIFF AVERS THE FOLLOWING:

1. PLAINTIFF IS NOW ACTING PRO. SE. AND REQUEST THAT THIS COURT ~~HOLD~~ HIM TO A LESS STRINGENT STANDARD ~~STANDARD~~ THAN THAT OF AN ATTORNEY, AS PRECEDENTED IN: HAINES V. KERNER 404 U.S.


2. PLAINTIFF NOW REQUEST THE COURT MODIFY THE RECORD TO REFLECT THAT THIS CAUSE IS NOW A "CLASS ACTION" AND THAT ALL RECORDS SHOULD REFLECT THE SAME. ALSO ALL FILINGS MAY BE SENT TO PLAINTIFF "TYRONE OWENS" UNTIL: AND IF A LAWYER IS APPOINTED TO THE CASE IF CLASS CERTIFICATION IS GRANTED.

3. DEFENDANTS HAS IMPLEMENTED THIS POLICY WHICH HAS AFFECTED ALL PRE-TRIAL <sup>DETAINEES</sup> LOCATED ON/IN DIVISION 1-H-3. A TOTAL OF 41 PRE-TRIAL DETAINEES, ALL CO-PLAINTIFFS HAS HAD THEIR CONSTITUTIONAL RIGHTS VIOLATED DEFENDANTS AS WELL.

4. PLAINTIFFS HAS COMPLIED WITH ALL DEPARTMENT REGULATIONS AND DEFENDANTS POLICIES ARE NOW IMPROVING THE ENTIRE DECK'S LITIGATION AND/OR DEFENSES.

5. PLAINTIFFS ARE NOW COMPLETING ALL ADMINISTRATIVE REMEDIES (THEY HAVE BEEN REPEATEDLY REFUSING TO ANSWER OUR GRIEVANCES) INTENTIONALLY

WHEREFORE, PLAINTIFF PRAYS THAT THIS COURT GRANT HIS MOTION FOR CLASS CERTIFICATION AND INCLUDE THESE ADDITIONAL ~~DEFENDANTS~~ <sup>PLAINTIFFS</sup> AS MEMBERS OF THE CASE.

  
TYRONE OWENS

PLAINTIFF PRO SE

TYRONE OWENS

20070076179

COOK COUNTY JAIL

STATE OF ILLINOIS )

)

COUNTY OF COOK )

VERIFICATION BY CERTIFICATION

NAME: JAMES JACKSON

ID# 20040035098

from list

LIST ALL ALIASES:

x James Jackson

NAME: ERIC C. WALKER

removed

from list

ID# 20070080251 X

LIST OF ALIASES ERIC V. WALKER

x Eric C. Walker

NAME: MATTHEW SMITH

INCLUDE NAME

Matthew Smith

6/11/05

ID# 20070052046

LIST OF ALIASES

x Matt Smith

NAME: Dakota Haynes X

INCLUDE NAME

Dakota Haynes

ID# 20070063837

LIST OF ALIASES

x Dakota Haynes

NAME: ALBERTO COLIN

INCLUDE NAME

Alberto Colin

6/11/05

ID# 200100078632

LIST OF ALIASES

x Alberto Colin

NAME: Anthony Johnson

6/11/05

ID# 20070041817

LIST OF ALIASES

x Anthony Johnson

NAME: John Hummons

ID# 20070076433

LIST OF ALIASES

x John Hummons

9

- (12) ~~James Ross~~ x Removed from list  
~~20070062161~~
- (13) ~~Jose Carrizales~~ x Removed from list  
~~20070040882~~
- (14) Ephraim Brown x <sup>6mos</sup>  
 20070041294
- (15) ~~Tony Polk~~ x Removed from list  
 ID # ~~20070080258~~
- (16) Cornelius Osborne <sup>6mos</sup>  
 ID # 20070050323
- (17) ~~Freddie Guise~~ <sup>2 1/2</sup>  
 # ID ~~20040023017~~
- (18) ~~Virgilio Torres~~  
 # ID ~~20070078005~~
- (19) ~~Jeffrey Toby~~ x Removed from list  
 # ID ~~20070078964~~
- (20) ~~Michael Norment~~ <sup>2 1/2</sup>  
~~20070043096~~
- x ~~James Ross~~
- x ~~Jose Carrizales~~ <sup>6mos</sup>
- x ~~Ephraim Brown~~ <sup>6mos</sup>
- x ~~Tony Polk~~
- x ~~Cornelius Osborne~~ <sup>6mos</sup>
- x ~~Freddie Guise~~ <sup>6mos</sup>
- x ~~Virgilio Torres~~
- x ~~Jeffrey Toby~~
- x ~~Michael Norment~~ <sup>6mos</sup>

- (21) ~~Marcus Bailey~~ ~~20070076736~~ ~~X Marcus Bailey~~
- (22) Percy Madden 6 months ~~X Percy Madden~~ 6 months  
#20060094604
- (23) David Luna X 2 1/2 yr ~~X David Luna~~ 6 months  
X #20060086546
- (24) Barry Burnell 2 ~~X Barry Burnell~~ 6 months  
#20060066096
- (25) Cardell English 2 1/2 yr ~~X Cardell English~~ 6 months  
2007 00 38229
- (26) ~~Byron Hunter~~ X ~~X Byron Hunter~~
- (27) ~~Rashad Green~~ X 1 ~~X Rashad Green~~ 6 months  
X 20070054090 pending
- (28) Roosevelt Canady X 6 months ~~X Roosevelt Canady~~ 6 months  
X 20070052225 pending
- (29) ~~Darnell Wells~~ ~~20070082622~~ ~~X Darnell Wells~~

③① Robbie Horton X  
20070011932

6 months  
Robbie Horton

③② Lester Gaffin X 6mont

Include  
pending

6 months  
Lester Gaffin

ECU00007069  
Big L

③③ John Lindsey X 6months  
20060091234  
G4 LIL John

6 months  
pending John Lindsey

③④ Justin Rosemond X  
20070081039  
H3

Justin Rosemond

~~John Hummons~~  
~~20070076433~~  
~~H3~~

~~John Hummons~~

③⑤ LEVAR MARQUES BEECHAM X  
20070043657  
H3

LeVar Beecham

③⑥ Antonio MORRIS 6 months  
20080036729  
H-3

6 months  
Antonio Morris

③⑦ JAMES JACKSON 7 months  
20070074042  
H-3

6 mos  
James Jackson

③⑧ Thomas LANE  
20070023321

Thomas Lane

38 Name Jose VALDEZ  
ID# 2005-002-5023  
List of all Aliases

x Jose Valdez

39 Name EARL BOX  
ID# 2005005 8987  
List of all Aliases

Earl Box

~~40 Rashad Green  
I.D # 20070054090  
List of all Aliases~~

~~x Rashad Green~~

~~41 Roosevelt Canady  
ID# 20070052225  
List of all Aliases~~

~~x Roosevelt Canady~~

42 Ramone Griffin  
ID# 20060088113  
List of all Aliases

x Ramone Griffin 9 mos  
IDOC K68821

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT, ILLINOIS

TYRONE OWENS  
PLAINTIFFS ET. AL,

CASE NO. 07-C-6800  
JDG. HOLDER NIAN  
MAG. JDG. ASHMAN

V.

SHERIFF TOM DART  
DEFENDANTS ET. AL.


PROOF/CERTIFICATE OF SERVICE

TO: UNITED STATES DISTRICT COURT  
U.S. DIST. CRT. CLERK  
219 S. DEARBORN  
CHGO, IL 60604

TO:

I, TYRONE OWENS, DO CERTIFY THAT I PLACED IN THE MAIL AT COOK CO.  
JAIL. THE FOLLOWING: TO BE MAILED TO THE ABOVE ENTITLED PERSONS ON 12/13/07  
1 MOTION AND 3 COPIES OF MOTIONS FOR CLASS CERTIFICATION, 12 CO-PLAINTIFFS FORMA PAUPERIS WITH  
BONDS. ACCOUNT BALANCES.

I CERTIFY THAT I AM A MEMBE IN THE ABOVE MENTIONED CAUSE, AND THAT THE  
ALL ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE,

  
TYRONE OWENS 20070076179

STATE OF ILLINOIS)  
COUNTY OF COOK )



7/11/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITTYRONE OWENS  
Plaintiff ET AL,

v.

SHERIFF  
TOM DART &  
Defendant(s) et alCASE NUMBER 07-C-6800JUDGE HOLDERMAN/ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, TYRONE OWENS, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 20070076179 Name of prison or jail: COOK COUNTY JAIL  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: 0

2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: 0  
Name and address of employer: 0

a. If the answer is "No":  
Date of last employment: \_\_\_\_\_  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: DYNAMIC SECURITY

b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☒ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
 Amount 564 Received by \_\_\_\_\_

e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
 Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
 Address of property: \_\_\_\_\_  
 Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Amount of monthly mortgage or loan payments: \_\_\_\_\_  
 Name of person making payments: \_\_\_\_\_

7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
 Property: \_\_\_\_\_  
 Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents  
CARMELIA L. OWENS SADE M. OWENS

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date:

11/2/07

Signature of Applicant

(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE****(Incarcerated applicants only)****(To be completed by the institution of incarceration)**

I certify that the applicant named herein, Tyrone Owens, I.D.# 20070076179, has the sum of \$ .40 on account to his/her credit at (name of institution) Cook Cty Dept of Correction

I further certify that the applicant has the following securities to his/her credit: 0. I further

certify that during the past six months the applicant's average monthly deposit was \$ 132.00


(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

Managed Services  
**Managed Better.**



Number Search
Name Search
Transactions
Orders
Exit

20070076179 - OWENS, TYRONE  
**BALANCE: \$0.40**

Stamp	Transaction	Amount	Balance
11/14/2007	ORDER DEBIT	-3.10	0.40
11/08/2007	ORDER DEBIT	-95.98	3.50
10/25/2007	ORDER DEBIT	-76.50	99.48
10/12/2007	ORDER DEBIT	-88.02	175.98
10/09/2007	CREDIT	264.00	264.00

Click A Transaction To View The Detail or Print Full Report

© 2004 ARAMARK Corporation. All Rights Reserved

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

TYRONE OWENS 20070076179

\_\_\_\_\_  
(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

SHERIFF TOM DART

\_\_\_\_\_  
(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

\_\_\_\_\_  
COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

\_\_\_\_\_  
OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: TYRONE OWENS
- B. List all aliases: NONE
- C. Prisoner identification number: 2007 007 6179
- D. Place of present confinement: COOK COUNTY JAIL
- E. Address: 2650 S. CALIFORNIA AVE.

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: TOD DART  
Title: SHERIFF OF COOK COUNTY  
Place of Employment: COOK COUNTY DEPARTMENT OF CORRECTIONS
- B. Defendant: ? DOMINGUIZ  
Title: DIRECTOR OF JAIL  
Place of Employment: COOK COUNTY DEPARTMENT OF CORRECTIONS
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

### III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES ( ☒ ) NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES ( ☒ ) NO ( )

C. If your answer is YES:

1. What steps did you take?

FILED THREE GRIEVANCES

2. What was the result?

THEY WERENT EVER RESPONDED TO

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

D. If your answer is NO, explain why not:

I ATTEMPTED TO EXHAUST MY REMEDIES, BUT  
THE DEFENDANTS ARE IMPEDING MY  
LITIGATION

- E. Is the grievance procedure now completed? YES ( ) NO (✓)
- F. If there is no grievance procedure in the institution, did you complain to authorities? YES ( ) NO ( )

G. If your answer is YES:

1. What steps did you take?

---

---

---

2. What was the result?

---

---

---

H. If your answer is NO, explain why not:

---

---

---



**IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):**

- A. Name of case and docket number: TYRONE OWENS V. WALKER,  
BURTON TIMMS et al
- B. Approximate date of filing lawsuit: 2000
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: OFFICERS: WALKER, TIMMS, BURTON,  
ACEVEDO
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NORTHERN DISTRICT
- F. Name of judge to whom case was assigned: MARTIN C. ASHMAN
- G. Basic claim made: TORTURE, BEATINGS, CONSPIRACY
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): SETTLED OUT OF COURT
- I. Approximate date of disposition: 2004

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

OTHER CASES ~~THE~~ FILED

2. TYRONE OWENS v. ROGER E. WALKER et al.

2002

DEFENDANTS, BURGESS et al  
SOUTHERN DISTRICT, BRATINGS

(DISMISSED?)

3

## V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

COUNT (1) 14TH AMENDMENT, 8TH AMENDMENT / CREUL AND USUAL PUNISHMENT, DUE PROCESS  
BEGINNING : THE DEFENDANTS IMPLEMENTED A NEW POLICY WHICH VIOLATES  
 OUR CONSTITUTIONAL RIGHTS. BY FORCING (PRE-TRIAL DETAINEE'S) TO LOCK UP IN OUR CELL 19-23

FOURS A DAY. THIS MORNING I WAS ORDERED TO GET OFF OF THE PHONE AND I HAD ONLY BEEN OUT  
MY CELL FOR ONE HOUR TO USE THE PHONE AND TO SHOWER AND TO TRY TO GET SOME SUPPORT TO  
GET OUT OF JAIL.

DAILY I'VE BEEN FORCED TO ENDURE VERY RESTRICTIVE AND PUNISHING CON-  
ITIONS AS THOUGH I WAS A "CONVICTED FELON" THIS IS WHAT I WROTE IN  
MY GRIEVANCES ... THIS MORNING I WAS ORDERED TO GET OFF OF THE  
PHONE AND TOLD TO "LOCK UP" I BEGGED THE OFFICER TO ALLOW ME TO USE  
THE PHONE FOR (15) MORE MINUTES, SO THAT I COULD SPEAK WITH MY FAMILY  
AND MY ATTORNEY (WHOM I WAS TRYING TO HIRE THROUGH MY FAMILY) HE SAID "NO" THE  
RULES ARE TO KEEP YALL LOCKED IN YOUR CELLS UNTIL YOU HAVE A CHARTER OR A DECISION, WHEN  
WE ARE ALLOWED OUT OF OUR CELLS FOR THE COURT WE HAVE A DETAIL TO REMAIN IN CARRY-  
OVER (WHICH I DON'T KNOW WHAT THAT MEANS) BUT I KNOW IT'S A BUREAUCRATIC  
THAT OUR LAWYERS CANNOT SEE US UNTIL WE HAVE A DECISION OR A CHARTER  
COULD NOT SEE US TO USE THE PHONE. THIS WITNESS COULD AND WOULD PROVE MY  
INNOCENCE. THERE IS ONLY ONE PHONE ON THE UNIT FOR US (40 PRE-TRIAL DETAINEES) THERE'S  
NOT ENOUGH TIME TO USE THE PHONE TO ASSIST OUR CASES, WITH A 20 MIN. TIME LIMIT TO  
TALK AND IT TAKES 5-10 MINS. TO GET <sup>RELEASED</sup> ~~CONFERRED~~, WITH ONLY 1-2 HOURS OUTSIDE OF THE CELLS  
THAT ONLY ALLOWS 6 PEOPLE TO USE THE PHONES A DAY. AND THE SHOWERS TAKE LONGER ONLY  
ALLOWING 3-4 PEOPLE TO SHOWER A DAY. IN SEVERAL GRIEVANCES I MENTIONED THAT "SINCE  
WE'RE NOT 'CONVICTED FELONS' WE MUST BE HELD TO A LESS STRINGENT STANDARD THAN CONVICTED  
FELONS, AND NOT LOCKED UP 23 HOURS A DAY - IMPEDING OUR LEGAL DEFENSE. <sup>Revised: 1/20/05</sup> LITIGATION  
IN ALL COUNTS LISTED IN THIS CAUSE. DEFENDANTS ARE SUED IN THEIR INDIVIDUAL AND  
OFFICIAL CAPACITIES. AS A RESULT OF DEFENDANTS ACTIONS I NOW SUFFER

FROM SEVERE HEADACHES, SEVERE DEPRESSION, LOST OF WITNESSES TO PROVE MY INNOCENCE. DEFENDANTS KNEW OR SHOULD HAVE KNOWN THAT THEIR ACTIONS COULD & WOULD CAUSE PLAINTIFF SEVERE IRREPARABLE INJURIES. DEFENDANTS DID SO KNOWINGLY AND MALICIOUSLY AND INTENTIONALLY WITH THE INTENT TO CAUSE PLAINTIFF INJURY, AND DID SO FOR NO PENOLOGICAL PURPOSE.

COUNT @ 8TH AMENDMENT / CRELL AND USUAL PUNISHMENT, 14TH AMENDMENT  
THE PROCESS.

BEGINNING 11/15/07 I HAVE BEEN FORCED TO USE THE TOILET (SOMETIMES) TO BATHE <sup>CAUSING ME INJURIES</sup> AND TO WASH MY UNDERWEAR. BECAUSE THE DEFENDANTS REFUSE TO REPAIR MY SINK AND THE SHOWER EITHER. (THE SHOWER WORKS SOME TIMES) IN THE SHOWER THERE ARE SOME LITTLE BLACK WORMS, MILDREW, SLIM AND THE DRAIN BACKS UP OFTEN FORCING ME TO STAND IN SEWER WATER AND MOLD. MY DRINKING WATER COMES OUT RED OR SOMETIMES BROWN. DEFENDANTS KNEW OR SHOULD HAVE KNOWN THAT THEIR ACTIONS COULD CAUSE ME SEVERE INJURIES. DEFENDANTS DID SO MALICIOUSLY AND INTENTIONALLY TO CAUSE INJURY. AS A RESULT OF DEFENDANTS ACTIONS PLAINTIFF SUFFERS FROM DIABETES FOOT, SEVERE DEPRESSION, SEVERE HEADACHES AND SKIN IRRITATION. DEFENDANTS ARE SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES.

COUNT (3)

RETALIATION AND 1ST AMENDMENT FREEDOM OF SPEECH

ON OR ABOUT 11/18/07 DEFENDANTS BEGAN RETALIATING AGAINST ME BECAUSE I FILED SEVERAL  GRIEVANCES. (A) DEFENDANTS REFUSED TO ANSWER MY GRIEVANCES. (B) MY MAIL AND REQUEST SLIPS NEVER ARE DELIVERED. (C) DEFENDANTS TOLD MANY DETAINEE'S WHAT KIND OF CHARGES I HAVE AND CONSPIRED WITH THEM TO START FIGHTS WITH ME.

DEFENDANTS ARE TAKING PIECES OF MY MAIL OUT OF MY ENVELOPES, AND CUTTING MY MAIL 2 PIECES. DEFENDANTS KNEW OR SHOULD HAVE KNOWN THAT THEIR ACTIONS WOULD CAUSE

8

PLAINTIFF SEVERE INDEMNIFIABLE INJURIES DEFENDANTS DID SCHEMATICALLY  
AND INTENTIONALLY WITH THE INTENT TO CAUSE INJURIES. AS A RESULT OF  
DEFENDANTS ACTIONS PLAINTIFF NOW SUFFERS FROM SEVERE DEPRESSION, SEVERE  
HEADACHES AND LOST OF SUPPORT.

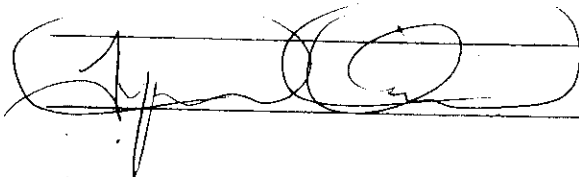
State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

PLAINTIFF PRAYS THIS COURT AWARD HIM \$500,000 COMPENSATORY  
DAMAGES OR \$250.00 A DAY FOR TIME SPENT IN VIOLATION OF HIS RIGHTS.  
3.5 MILLION FOR PUNITIVE DAMAGES. IMMEDIATE CHANGE  
IN POLICY/MORE HOURS OUTSIDE OF CELL

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this  
Complaint are true to the best of my knowledge, information and  
belief. I understand that if this certification is not correct, I may be  
subject to sanctions by the Court.

Signed this 27 day of NOV, 2007



(Signature of plaintiff or plaintiffs)

TYRONE OWENS

(Print name)

20070076179

(I.D. Number)

COOK COUNTY JAIL

2650 S. CALIFORNIA AVE.

P.O. BOX #089002

(Address)

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS

TYRONE OWENS

PLAINTIFF  
ET. AL.

v.

SHERIFF TOM DART  
ET. AL.

CS, #

MOTION FOR CLASS CERTIFICATION

NOW COMES, TYRONE OWENS, PLAINTIFF, PRO SE AND REQUEST THAT  
THIS COURT GRANTS HIS MOTION FOR:

1. PLAINTIFF IS NOW ACTING PRO SE, AND REQUEST THAT THIS COURT HOLD HIM  
TO A LESS STRINGENT STANDARD THAN THAT OF AN ATTORNEY ~~AS PRECEDENTED~~ IN:  
HAINES V. KERNER 404 U.S.

2. PLAINTIFF REQUEST THIS COURT ALLOWS CLASS CERTIFICATION / CLASS ACTION  
AND ADD THE REMAINING 33 PLAINTIFFS TO THIS CAUSE.

Part-A / Control #: 5007 X 2008  
 Referred To: Supt. Smith  
☐ Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: THOMAS OWENS First Name: THOMAS

ID #: 3007 - 270171 Div.: 1 Living Unit: H-3 Date: 11/1/07

BRIEF SUMMARY OF THE COMPLAINT: ON THE ABOVE DATE I WAS ORDERED OFF THE PHONE AND TOLD TO "LOCK UP" I NEVER GET ENOUGH TIME TO MAKE CALLS AND SHOWER AND PREPARE A DEFENCE ON MY CASE MORE SO NOW. BECAUSE THE RULES HERE VIOLATE MY CONSTITUTIONAL RIGHTS BY FORCING ME A (DETAINEE) TO BE LATER IN MY CELL WHEN ATTORNEY OFFICES ARE OPEN, AND FURTHER CHALLENGING THE IRREPARABLE DAMAGES TAKING ME INSIDE MY CELL FOR 18-23 HOURS A DAY, PREVENTING ME FROM CALLING MY FAMILY AND OTHER SUPPORTERS, THIS CRUEL AND UNLAWFUL TREATMENT IS CAUSING ME TO SUFFER FROM HEADACHES AND DEPRESSION.

I WAS TOLD (BY MY LAWYER) TO CALL HIS OFFICE TO AFFRANIE LEGAL FEES  
⑥ MATTHEW SMITH 20070052046 ② MIKITA HUGHES 20070063837 ③ ALAN COLEMAN 200700632  
 NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

IMMEDIATE CHANGE OF POLICY IS, LEAVE US OUT FOR 11-12 DAILY TO DEFEND  
 ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: [Signature]

C.R.W.'S SIGNATURE: [Signature]

DATE C.R.W. RECEIVED: 11/1/07

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.



NOW I'M FORCED TO GO TO COURT WITHOUT MY LAWYER. THE OFFICER WHO ORDERED US TO "LOCK UP" TOLD US THAT WE SHOULD GO TO THE LAW LIBRARY AND READ A "GENERAL ORDER" THAT WAS READ AT ROLL-CALL, ALMOST WEEKLY; SINCE I'VE BEEN IN COOK COUNTY JAIL, THE JAIL HAS IMPLEMENTED NEW RULES WHICH VIOLATES THE CONSTITUTIONAL RIGHTS OF (PRE-TRIAL) DETAINEES. RULES THAT IMPEDES THE PRE-TRIAL DETAINEES TRIAL PREPARATION, THEREBY PLACING A SEPARATE BURDEN ON THE DETAINEES, [HOW TO FIGHT FOR HIS LIFE AT TRIAL, WITH ONLY A SHORT AMOUNT OF TIME, TO BE OUTSIDE THE CELL AND ONLY ONE TELEPHONE TO BE USED BY 20 INMATES WHO ALSO NEEDS TO USE IT FOR ABOUT AN HOUR <sup>A</sup>PEICE. BUT THE PHONE ONLY WORKS SOMETIMES!

WHEN I ASKED AN OFFICER, "WHY ARE YOU TREATING US LIKE CONVICTED PRISONERS?" HE SAID YOU GUYS SHOULD BE HAPPY, THIS IS PART OF IDOC PROCEDURE, "IDOC" STANDS FOR ILLINOIS DEPARTMENT OF CORRECTIONS.

WE WERE TOLD THAT WE NEED TO BE LOCKED UP UNTIL TRIAL IS OVER.

**C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE**

\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE\*

Detainee's Last Name: Owens First Name: Tyrone ID# 2007-0026129Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges not enough time due to the lock down policy to prepare for hearings.C.R.W. Referred Griev. To: Supt Div-1 Date Referred: 11/14/07

Response Statement: \_\_\_\_\_

Detainee's time out is not a matter of business.

J. Owens - Tyrone Owens Date: 11/14/07 Div./Dept. 1  
 (print - name of individual responding to this griev.) (signature of individual responding to this griev.)

J. Owens - Tyrone Owens Date: 11/14/07 Div./Dept. 1  
 (print - name of Supt. / Designee / Dept. Admin.) (signature of Supt. / Designee / Dept. Admin.)

J. Owens - Tyrone Owens Date: 11/14/07  
 (print - name of Prog. Serv. Admin. / Asst. Admin.) (signature of Prog. Serv. Admin. / Asst. Admin.)

Date Detainee Received Response: 11/14/07 Detainee Signature: Tyrone Owens**REQUEST FOR AN APPEAL**

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal:    /    /   

Detainee's Basis For An Appeal: \_\_\_\_\_

Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator: \_\_\_\_\_

Appeal Board's Signatures / Dates: \_\_\_\_\_

Date Detainee Rec.'d the Appl. Bd.'s Response:    /    /    Detainee Signature: \_\_\_\_\_GRIEVANCE CODE(S): (    ) (    ) (    ) (    )

(WHITE COPY -- PROG. SERV.) (YELLOW COPY -- C.R.W.) (PINK COPY -- DETAINEE) (GOLDENROD COPY -- DIVISION/SUPT. OFFICE)

7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT

Michael Workman  
Plaintiff Et Al

v.

Sheriff Tony Dart  
Defendant(s) Et Al

CASE NUMBER 07-C-6800JUDGE HOLDERMAN / Ashman

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Michael Workman, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 20070045096 Name of prison or jail: Cook County Department of Corrections  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \_\_\_\_\_

2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

a. If the answer is "No":  
Date of last employment: \_\_\_\_\_  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_

b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages  
Amount \_\_\_\_\_ Received by \_\_\_\_\_ ☐ Yes ☒ No

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_

7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents
- \_\_\_\_\_
- \_\_\_\_\_

20070045096 E-2-9

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: November 17, 2007

*Michael Workman*  
Signature of Applicant  
MICHAEL WORKMAN  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Michael Workman, I.D.# 20070045096, has the sum of \$ 4.60 on account to his/her credit at (name of institution) Cook Cty Dept of Correction

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ 206.00.  
(Add all deposits from all sources and then divide by number of months).

12/4/07  
DATE

*Sgt. Walter Dean*  
SIGNATURE OF AUTHORIZED OFFICER

Sgt. Walter Dean  
(Print name)



**\*\*TRANSACTION REPORT\*\***

Print Date: 12/04/2007

Inmate Name: WORKMAN, MICHAEL  
Inmate Number: 20070045096  
Inmate DOB: 12/11/1975

Balance: \$4.60

Stamp	Transaction	Amount	Balance
11/28/2007	ORDER DEBIT	-57.71	4.60
11/19/2007	ORDER DEBIT	-59.76	62.31
11/14/2007	ORDER DEBIT	-58.18	122.07
11/08/2007	ORDER DEBIT	-46.03	180.25
11/06/2007	CREDIT	200.00	226.28
11/01/2007	ORDER DEBIT	-72.20	26.28
10/27/2007	RETURN CREDIT	7.98	98.48
10/25/2007	ORDER DEBIT	-79.76	90.50
10/18/2007	ORDER DEBIT	-48.62	170.26
10/15/2007	RETURN CREDIT	7.50	218.88
10/12/2007	ORDER DEBIT	-63.12	211.38
10/09/2007	CREDIT	200.00	274.50
10/08/2007	RETURN CREDIT	2.25	74.50
10/04/2007	ORDER DEBIT	-60.40	72.25
09/27/2007	ORDER DEBIT	-59.04	132.65
09/21/2007	ORDER DEBIT	-41.11	191.69
09/17/2007	CREDIT	200.00	232.80
09/15/2007	RETURN CREDIT	1.60	32.80
09/14/2007	ORDER DEBIT	-44.49	31.20
09/06/2007	ORDER DEBIT	-79.76	75.69
08/31/2007	ORDER DEBIT	-80.98	155.45
08/24/2007	ORDER DEBIT	-81.31	236.43
08/16/2007	ORDER DEBIT	-67.90	317.74
08/13/2007	CREDIT	300.00	385.64
08/10/2007	ORDER DEBIT	-48.71	85.64
08/06/2007	RETURN CREDIT	6.50	134.35
08/01/2007	ORDER DEBIT	-36.29	127.85
08/01/2007	CREDIT	85.00	164.14
07/30/2007	RETURN CREDIT	3.50	79.14
07/26/2007	ORDER DEBIT	-53.28	75.64
07/25/2007	CREDIT	85.00	128.92
07/23/2007	RETURN CREDIT	2.00	43.92
07/21/2007	ORDER DEBIT	-70.58	41.92
07/13/2007	CREDIT	85.00	112.50
07/12/2007	ORDER DEBIT	-72.70	27.50
07/03/2007	CREDIT	85.00	100.20
06/29/2007	ORDER DEBIT	-84.80	15.20

06/21/2007	CREDIT	100.00	100.00
------------	--------	--------	--------

© 2004 ARAMARK Corporation. All Rights Reserved

7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT

Barry Burrell 2006-006-6096  
Plaintiff E+AL

v.

Tom Sheriff Dept  
Defendant(s) E+AL

CASE NUMBER 07-C-6800JUDGE HOLDERMAN/ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Barry Burrell, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 2006-006-6096 Name of prison or jail: Cook County Department of Corrections  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \_\_\_\_\_

2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

a. If the answer is "No":  
Date of last employment: N/A  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_

b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages  
Amount \_\_\_\_\_ Received by \_\_\_\_\_ ☐ Yes ☒ No



b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
 Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
 Address of property: \_\_\_\_\_  
 Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Amount of monthly mortgage or loan payments: \_\_\_\_\_  
 Name of person making payments: \_\_\_\_\_

7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
 Property: \_\_\_\_\_  
 Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
 \_\_\_\_\_  
 \_\_\_\_\_

STATE OF ILLINOIS )  
COUNTY OF COOK )  
) SS  
)  
)  
)  
)

AFFIDAVIT

I Barry Burrell do swear that the Following is true to the best of my knowledge, And If called to testify I would Do so swearing to the facts Herein:

On or About 3/01/07 I witnessed the defendants implement a policy that violates my constitutional rights, i.e. Defendants only allow me outside my cell for up to one (1) hour a day. (Depending on the Officer). And I'm only a, "Pre-Trial", detainee" and ~~must~~ <sup>must</sup> be held to a less stringent standard than that of a convicted Felon. While out of my cell for the "hour" (with 30 Plus) other detainee's I must shower, and use the phone and it takes 5 mins. to get connected and <sup>the</sup> call last 20 mins, that's 25 mins. That's only enough time for 2 people to use the phone, as a result, I suffer from severe Headaches, severe depression, and loss of Defence of my case due to not enough time out. This statement is my own and its True.

I, Barry Burrell being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

Barry Burrell  
AFFIANT

Notarized Under and by 735 ILCS  
5-109, Under Purjury  
Subscribed and affirmed to before me

this 11 day of Dec., 2007

Barry Burrell  
Notary Public

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11-15-07

Barry Burrell  
Signature of Applicant

Barry Burrell  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Barry Burrell, I.D.# 20060066069 has the sum of \$ 16.71 on account to his/her credit at (name of institution) Cook Cty Dept of Correction

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ 58.00

(Add all deposits from all sources and then divide by number of months).

12/29/07  
DATE

Soc Worker Dean  
SIGNATURE OF AUTHORIZED OFFICER

Soc Worker Dean  
(Print name)



**\*\*TRANSACTION REPORT\*\***

Print Date: 11/29/2007

Inmate Name: BURRELL, BARRY  
Inmate Number: 20060066096  
Inmate DOB: 12/24/1981

Balance: \$16.71

Stamp	Transaction	Amount	Balance
11/19/2007	ORDER DEBIT	-1.87	16.71
11/14/2007	ORDER DEBIT	-82.86	18.58
11/13/2007	CREDIT	50.00	101.44
11/06/2007	CREDIT	50.00	51.44
11/01/2007	ORDER DEBIT	-6.05	1.44
10/18/2007	ORDER DEBIT	-44.50	7.49
10/15/2007	CREDIT	50.00	51.99
10/12/2007	ORDER DEBIT	-2.00	1.99
09/27/2007	ORDER DEBIT	-29.82	3.99
09/24/2007	RETURN CREDIT	3.96	33.81
09/21/2007	ORDER DEBIT	-32.57	29.85
09/17/2007	CREDIT	50.00	62.42
08/24/2007	ORDER DEBIT	-7.02	12.42
08/16/2007	ORDER DEBIT	-39.36	19.44
08/10/2007	ORDER DEBIT	-41.55	58.80
08/06/2007	CREDIT	50.00	100.35
08/03/2007	CREDIT	50.00	50.35
08/01/2007	ORDER DEBIT	-1.00	0.35
06/29/2007	ORDER DEBIT	-48.93	1.35
06/25/2007	CREDIT	50.00	50.28
06/14/2007	ORDER DEBIT	-3.12	0.28
06/09/2007	RETURN CREDIT	3.12	3.40
06/08/2007	ORDER DEBIT	-3.12	0.28
06/01/2007	ORDER DEBIT	-46.62	3.40
05/25/2007	CREDIT	50.00	50.02
05/11/2007	ORDER DEBIT	-16.90	0.02
05/04/2007	ORDER DEBIT	-36.76	16.92
04/30/2007	CREDIT	50.00	53.68
04/27/2007	ORDER DEBIT	-13.02	3.68
04/20/2007	ORDER DEBIT	-33.54	16.70
04/16/2007	CREDIT	50.00	50.24
04/13/2007	ORDER DEBIT	-3.90	0.24
03/29/2007	ORDER DEBIT	-34.10	4.14
03/23/2007	ORDER DEBIT	-19.08	38.24
03/16/2007	ORDER DEBIT	-42.88	57.32
03/12/2007	CREDIT	100.00	100.20
03/09/2007	ORDER DEBIT	-0.78	0.20

03/02/2007	ORDER DEBIT	-8.60	0.98
02/23/2007	ORDER DEBIT	-15.47	9.58
02/16/2007	ORDER DEBIT	-8.79	25.05
02/13/2007	CREDIT	20.00	33.84
02/09/2007	ORDER DEBIT	-36.79	13.84
02/06/2007	CREDIT	50.00	50.63
02/02/2007	ORDER DEBIT	-0.78	0.63
01/22/2007	RETURN CREDIT	0.78	1.41
01/19/2007	ORDER DEBIT	-0.78	0.63
12/29/2006	ORDER DEBIT	-48.97	1.41
12/26/2006	CREDIT	50.00	50.38
12/15/2006	RETURN CREDIT	0.15	0.38
12/15/2006	ORDER DEBIT	-4.70	0.23
12/08/2006	ORDER DEBIT	-30.10	4.93
11/17/2006	CREDIT	25.00	35.03
11/17/2006	ORDER DEBIT	-39.97	10.03
11/13/2006	CREDIT	50.00	50.00
11/10/2006	ORDER DEBIT	-32.88	0.00
11/03/2006	CREDIT	30.00	32.88
11/02/2006	ORDER DEBIT	-12.41	2.88
10/26/2006	ORDER DEBIT	-51.68	15.29
10/25/2006	CREDIT	50.00	66.97
10/12/2006	ORDER DEBIT	-33.54	16.97
10/10/2006	CREDIT	50.00	50.51
10/06/2006	ORDER DEBIT	-3.90	0.51
10/02/2006	RETURN CREDIT	1.65	4.41
09/28/2006	ORDER DEBIT	-65.82	2.76
09/25/2006	CREDIT	50.00	68.58
09/22/2006	ORDER DEBIT	-15.47	18.58
09/15/2006	ORDER DEBIT	-43.48	34.05
09/11/2006	CREDIT	50.00	77.53
09/08/2006	ORDER DEBIT	-27.47	27.53
09/05/2006	CREDIT	50.00	55.00
08/28/2006	CREDIT	5.00	5.00

© 2004 ARAMARK Corporation. All Rights Reserved

7/11/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITALBERTO COLIN  
Plaintiff ET ALv.  
SHERIFF  
TOM DART  
Defendant(s) ET ALCASE NUMBER 07-C-6800JUDGE Holderman/Ashman

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, ALBERTO COLIN, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 000007032 Name of prison or jail: COOK COUNTY JAIL  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \$0.00

2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: 0  
Name and address of employer: 0

a. If the answer is "No":  
Date of last employment: 10/01/06  
Monthly salary or wages: \$1,200 monthly  
Name and address of last employer: ALLEN LAW FIRM, ADDISON ILLINOIS

b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages  
Amount \_\_\_\_\_ Received by \_\_\_\_\_ ☐ Yes ☒ No

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_



STATE OF ILLINOIS )  
COUNTY OF COOK )

SS

AFFIDAVIT

I ALBERTO COLIN SWEAR THAT THE FOLLOWING IS TRUE TO BEST OF MY KNOWLEDGE AND IF CALLED TO TESTIFY I WOULD DO SO SWEARING TO THE FACTS HEREIN.

ON MARCH 1, 07 I ALBERTO COLIN WITNESS COOK COUNTY JAIL STAFF IMPOSE A POLICY THAT VIOLATES MY CONSTITUTIONAL RIGHTS. AS OF MARCH 1, 07 COOK COUNTY JAIL STAFF ALLOWS ME TO BE OUTSIDE MY CELL FOR (2) TWO HOURS A DAY. IT'S UNFAIR BECAUSE AT THIS MOMENT I'M ONLY A "DETAINEE". I MUST BEHELD TO A LESS STRINGENT STANDARD THAN THAT OF A CONVICTED FELON. WHEN I'M OUT MY CELL FOR THE "HOURS" (WITH 30 PLUS) OTHER "PRE-TRIAL DETAINEES" I MUST SHOWER AND OCCUPY THE PHONE TO MAKE IMPORTANT CALLS, WHICH APPROXIMATELY TAKES 5 MINUTES TO GET CONNECTED WITH THE INDIVIDUAL PLUS THE TIME LIMIT ON THE PHONE CALL IS 20 MINUTES. WHEN DONE, IT'S →

I, ALBERTO COLIN being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

NOTARIZED UNDER AND BY 735 ILCS  
5-109, UNDER PURSURY

Alberto Colin  
AFFIANT  
ALBERTO COLIN

Subscribed and affirmed to before me

this 11 day of 11, 2007

Alberto Colin  
Notary Public



NEARLY A HALF HOUR THERE'S ONLY ENOUGH TIME FOR  
SEVERAL OTHER DATAINEES TO USE THE PHONE (IF A  
CHANCE). AS A RESULT, I SUFFER FROM MAJOR  
HEADACHES, MENTALLY DEPRESSION AND CAN'T CONCE-  
RATE WHICH HAS GENERATED TO LOST OF DEFENCE  
ON MY CASE DUE TO NOT ENOUGH TIME OUT.  
"THIS STATEMENT IS MY OWN AND IT'S TRUE."

10  
 11  
 12  
 13  
 14  
 15  
 16  
 17  
 18  
 19  
 20  
 21  
 22  
 23  
 24  
 25  
 26  
 27  
 28  
 29  
 30  
 31  
 32  
 33  
 34  
 35  
 36  
 37  
 38  
 39  
 40  
 41  
 42  
 43  
 44  
 45  
 46  
 47  
 48  
 49  
 50  
 51  
 52  
 53  
 54  
 55  
 56  
 57  
 58  
 59  
 60  
 61  
 62  
 63  
 64  
 65  
 66  
 67  
 68  
 69  
 70  
 71  
 72  
 73  
 74  
 75  
 76  
 77  
 78  
 79  
 80  
 81  
 82  
 83  
 84  
 85  
 86  
 87  
 88  
 89  
 90  
 91  
 92  
 93  
 94  
 95  
 96  
 97  
 98  
 99  
 100

09544750  
01/20/2017

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date:

11/13/07

Signature of Applicant

(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Alberto Colon, ID # 20060078632, has the sum of \$ 7.09 on account to his/her credit at (name of institution) Cook City Dept of Correction

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_ I further certify that during the past six months the applicant's average monthly deposit was \$ 88.00

(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)



**\*\*TRANSACTION REPORT\*\***

Print Date: 12/04/2007

Inmate Name: COLON, ALBERTO  
Inmate Number: 20060078632  
Inmate DOB: 9/23/1983

Balance: \$7.09

Stamp	Transaction	Amount	Balance
11/28/2007	ORDER DEBIT	-31.07	7.09
11/20/2007	CREDIT	30.00	38.16
11/19/2007	ORDER DEBIT	-6.55	8.16
11/14/2007	ORDER DEBIT	-25.55	14.71
11/14/2007	CREDIT	40.01	40.26
11/08/2007	ORDER DEBIT	-2.50	0.25
11/01/2007	ORDER DEBIT	-24.56	2.75
10/25/2007	ORDER DEBIT	-26.59	27.31
10/23/2007	CREDIT	50.00	53.90
10/18/2007	ORDER DEBIT	-23.08	3.90
10/12/2007	ORDER DEBIT	-53.06	26.98
10/09/2007	CREDIT	30.00	80.04
10/04/2007	ORDER DEBIT	-57.11	50.04
09/27/2007	CREDIT	50.00	107.15
09/27/2007	ORDER DEBIT	-42.28	57.15
09/21/2007	CREDIT	51.00	99.43
09/21/2007	ORDER DEBIT	-37.44	48.43
09/21/2007	CREDIT	30.00	85.87
09/21/2007	CREDIT	20.00	55.87
09/19/2007	CREDIT	35.00	35.87
09/06/2007	ORDER DEBIT	-29.19	0.87
08/31/2007	CREDIT	30.00	30.06
08/31/2007	ORDER DEBIT	-0.15	0.06
08/24/2007	ORDER DEBIT	-16.82	0.21
08/16/2007	ORDER DEBIT	-14.79	17.03
08/14/2007	CREDIT	30.00	31.82
08/01/2007	ORDER DEBIT	-33.77	1.82
07/30/2007	CREDIT	35.00	35.59
07/26/2007	ORDER DEBIT	-1.56	0.59
07/21/2007	ORDER DEBIT	-17.85	2.15
07/17/2007	CREDIT	20.00	20.00
07/12/2007	ORDER DEBIT	-2.82	0.00
07/05/2007	ORDER DEBIT	-19.69	2.82
06/28/2007	ORDER DEBIT	-29.15	22.51
06/25/2007	CREDIT	50.00	51.66
06/15/2007	ORDER DEBIT	-47.55	1.66
06/12/2007	CREDIT	30.00	49.21

06/08/2007	ORDER DEBIT	-26.25	19.21
06/04/2007	CREDIT	25.00	45.46
06/01/2007	ORDER DEBIT	-28.23	20.46
05/25/2007	CREDIT	30.00	48.69
05/25/2007	ORDER DEBIT	-31.36	18.69
05/21/2007	CREDIT	50.01	50.05
05/11/2007	ORDER DEBIT	-3.16	0.04
05/04/2007	ORDER DEBIT	-7.03	3.20
04/27/2007	ORDER DEBIT	-9.97	10.23
04/24/2007	CREDIT	20.00	20.20
04/05/2007	ORDER DEBIT	-0.45	0.20
03/23/2007	ORDER DEBIT	-23.11	0.65
03/22/2007	CREDIT	20.00	23.76
03/16/2007	ORDER DEBIT	-8.58	3.76
03/09/2007	ORDER DEBIT	-26.17	12.34
03/06/2007	CREDIT	30.00	38.51
03/05/2007	RETURN CREDIT	3.90	8.51
03/02/2007	ORDER DEBIT	-25.48	4.61
02/27/2007	CREDIT	30.00	30.09
02/23/2007	ORDER DEBIT	-0.60	0.09
02/16/2007	ORDER DEBIT	-39.43	0.69
02/13/2007	CREDIT	40.00	40.12
02/09/2007	ORDER DEBIT	-2.97	0.12
02/02/2007	ORDER DEBIT	-24.55	3.09
01/29/2007	CREDIT	25.00	27.64
01/26/2007	ORDER DEBIT	-47.38	2.64
01/23/2007	CREDIT	50.00	50.02
01/19/2007	ORDER DEBIT	-2.26	0.02
01/12/2007	ORDER DEBIT	-11.72	2.28
01/05/2007	ORDER DEBIT	-16.47	14.00
12/29/2006	ORDER DEBIT	-19.98	30.47
12/27/2006	CREDIT	50.00	50.45
12/22/2006	ORDER DEBIT	-10.74	0.45
12/15/2006	RETURN CREDIT	1.56	11.19
12/15/2006	ORDER DEBIT	-10.19	9.63
12/08/2006	ORDER DEBIT	-18.55	19.82
12/01/2006	ORDER DEBIT	-7.26	38.37
11/29/2006	CREDIT	30.01	45.63
11/22/2006	ORDER DEBIT	-39.98	15.62
11/14/2006	CREDIT	50.01	55.60
11/02/2006	ORDER DEBIT	-45.04	5.59
10/31/2006	CREDIT	50.01	50.63
10/26/2006	ORDER DEBIT	-65.09	0.62
10/25/2006	CREDIT	30.00	65.71
10/18/2006	CREDIT	30.00	35.71
10/17/2006	RETURN CREDIT	0.95	5.71
10/12/2006	ORDER DEBIT	-35.24	4.76
10/11/2006	CREDIT	40.00	40.00

7/11/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT

Ramone Griffin  
Plaintiff et. al

v.

Sheriff Tom Dant  
Defendant(s) et. al.

CASE NUMBER 07-C-6800JUDGE HOLDERMAN/ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, RAMONE GRIFFIN, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 20060083113 Name of prison or jail: COOK COUNTY JAIL  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \_\_\_\_\_
2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_  
  - a. If the answer is "No":  
Date of last employment: \_\_\_\_\_  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_
  - b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
  - a. Salary or wages ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents  
ANGEL R. GRIFFIN

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11-30-07

Ramone Griffin

Signature of Applicant

RAMONE GRIFFIN

(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Ramone Griffin, I.D.# 20060088113, has the sum of \$ 126 on account to his/her credit at (name of institution) Cook City Dept of Correction

I further certify that the applicant has the following securities to his/her credit:                     . I further certify that during the past six months the applicant's average monthly deposit was \$ 22.00

(Add all deposits from all sources and then divide by number of months).

12/5/07



DATE

Soc Worker Dean

SIGNATURE OF AUTHORIZED OFFICER

Soc Worker Dean

(Print name)

 <b>ARAMARK</b>		Managed Services <b>Managed Better.</b>	
Number Search	Name Search	Transactions	Orders
 Exit			
20060088113 - GRIFFIN, RAMONE T. <b>BALANCE: \$0.26</b>			
Stamp	Transaction	Amount	Balance
09/27/2007	ORDER DEBIT	-30.18	0.26
09/26/2007	CREDIT	30.00	30.44
03/23/2007	ORDER DEBIT	-0.75	0.44
03/16/2007	ORDER DEBIT	-1.00	1.19
03/09/2007	ORDER DEBIT	-0.97	2.19
01/12/2007	ORDER DEBIT	-3.11	3.16
01/11/2007	ORDER DEBIT	-1.78	6.27
12/29/2006	ORDER DEBIT	-1.53	8.05
12/22/2006	ORDER DEBIT	-12.63	9.58
12/15/2006	ORDER DEBIT	-19.68	22.21
[Next 3 Records]			
Click A Transaction To View The Detail or Print Full Report			
© 2004 ARAMARK Corporation. All Rights Reserved			



Referred To:

# COOK COUNTY DEPARTMENT OF CORRECTIONS

## DETAINEE GRIEVANCE

Detainee Last Name: Griffin First Name: RamoneID#: 2006-0088113 Div.: L Living Unit: E4 Date: 08/23/07

BRIEF SUMMARY OF THE COMPLAINT: Detainees Have been placed on electronic lock down for simply being in a maximum security division we were not given a clear and concise reason for being given such punishment and restriction without due process. This is in violation of the due process clause embodied in the Fifth and fourteenth amendment of the Constitution, which prohibits Federal and State governments respectfully from depriving any person of life liberty or property without due process of law.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: Ramone GriffinC.R.W.'S SIGNATURE: [Signature]DATE C.R.W. RECEIVED: 11/4/07

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.  
All appeals must be made in writing and directly submitted to the Superintendent.

STATE OF ILLINOIS )  
COUNTY OF COOK )  
 )  
 )  
 )  
 )  
 )  
 )

SS

AFFIDAVIT

I RAMONE GRIFFIN DO SWEAR THAT THE FOLLOWING IS TRUE TO THE BEST OF MY KNOWLEDGE. AND IF CALLED TO TESTIFY I WOULD DO SO SWEARING TO THE FACTS HEREIN: ON OR ABOUT 2007 I WITNESSED THE DEFENDANTS IMPLEMENT A POLICY THAT VIOLATES MY CONSTITUTIONAL RIGHTS. i.e. DEFENDANTS ONLY ALLOW ME OUTSIDE MY CELL FOR UP TO ONE (1) HOUR A DAY. AND I'M ONLY A "PRE-TRIAL DETAINEE" AND MUST BE HELD TO A LESS STRINGENT STANDARD THAN THAT OF A CONVICTED FELON. WHILE OUT MY CELL FOR THE "HOUR" (WITH 30 PLUS) OTHER DETAINEE'S I MUST SHOWER, AND USE THE PHONE AND IT TAKES 5 MINS. TO GET CONNECTED AND THE CALL LAST 20 MINS. THAT'S 25 MINS. THAT'S ONLY ENOUGH TIME FOR TWO PEOPLE TO USE THE PHONE. AS A RESULT, I SUFFER FROM SEVERE HEADACHES, SEVERE DEPRESSION AND LOST OF DEFENCE OF MY CASE DUE TO NOT ENOUGH TIME OUT. THIS STATEMENT IS MY OWN AND IT'S TRUE

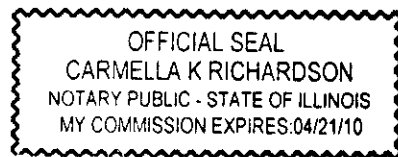
I, RAMONE GRIFFIN being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

Ramone Griffin  
AFFIANT

Subscribed and affirmed to before me

this 4th day of December, 2007

Carmella K Richardson  
Notary Public



7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT

FREDIE GUISE 20040023017  
Plaintiff ET AL

v.

Sheriff, Dart

Defendant(s) ET AL

CASE NUMBER 07-cv-6800

JUDGE Holderman / Ashman

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, FREDIE GUISE, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 20040023017 Name of prison or jail: Cook County Jail  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \_\_\_\_\_
2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_  
  - a. If the answer is "No":  
Date of last employment: N/A  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_
  - b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
  - a. Salary or wages ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
 Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
 Address of property: \_\_\_\_\_  
 Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Amount of monthly mortgage or loan payments: \_\_\_\_\_  
 Name of person making payments: \_\_\_\_\_

7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
 Property: \_\_\_\_\_  
 Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
 \_\_\_\_\_  
 \_\_\_\_\_

STATE OF ILLINOIS )  
 COUNTY OF COOK )  
 )  
 )  
 )  
 )  
 )

SS

AFFIDAVIT

I FREDDIE GLISE DO SWear That the following is true to the best of my knowledge And if called to testify I would do so Swearing to the fact Here in on or about 3-07 I witness the defendant Implement a policy that violates my constitutional right ie Defendant only allow me outside my cell for up to one or maybe two Hours a day and I'm only a pre-trial detainees and must be held to a lesser stringent Standard than that of a convicted felon. Plus ~~and~~ I'm out with more than 20 other detainees on my house I might not get a chance to shower or use the phone and it take 3 mins To get connected and the call Last up to 20 mins That's 23 min. Some people make more than one call That only enough time for two to five people on a hour or two. And the shower are nasty there bugs in the area to. As result I suffer from Severe depression, Headaches and lost of defence due to not enough time out this is a true Statement

I, FREDDIE GLISE being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

Notarized under and by 735 ILCS  
 8-109, Under Perjury

Freddie Glise  
 AFFIANT  
 FREDDIE GLISE

Subscribed and affirmed to before me

this 11 day of 12, 2007

Freddie Glise  
 Notary Public

Case  
Number  
507

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11-13-07

Freddie Guise  
Signature of Applicant  
FREDDIE GUISE  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Freddie Guise, ID.# 20040023017, has the sum of \$ 29.56 on account to his/her credit at (name of institution) Cook Cty Dept of Correction

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further

certify that during the past six months the applicant's average monthly deposit was \$ 29.00

(Add all deposits from all sources and then divide by number of months).

12/4/07  
DATE

Soc Worker Dean  
SIGNATURE OF AUTHORIZED OFFICER

Soc Worker DEAN  
(Print name)

**ARAMARK**

Managed Services

**Managed Better.****\*\*TRANSACTION REPORT\*\***

Print Date: 12/04/2007

Inmate Name: GUISE, FREDDIE  
Inmate Number: 20040023017  
Inmate DOB: 11/29/1984

Balance: \$29.56

Stamp	Transaction	Amount	Balance
11/28/2007	ORDER DEBIT	-56.58	29.56
11/27/2007	CREDIT	30.00	86.14
11/19/2007	CREDIT	11.00	56.14
11/19/2007	CREDIT	45.00	45.14
10/12/2007	ORDER DEBIT	-1.56	0.14
09/24/2007	RETURN CREDIT	1.56	1.70
09/21/2007	ORDER DEBIT	-2.16	0.14
09/06/2007	ORDER DEBIT	-38.05	2.30
08/28/2007	CREDIT	40.00	40.35
06/27/2007	ORDER DEBIT	-8.83	0.35
06/20/2007	ORDER DEBIT	-40.88	9.18
06/20/2007	CREDIT	50.00	50.06
06/06/2007	ORDER DEBIT	-1.23	0.06
05/23/2007	ORDER DEBIT	-40.29	1.29
05/23/2007	CREDIT	40.00	41.58
05/09/2007	ORDER DEBIT	-50.40	1.58
05/09/2007	CREDIT	50.00	51.98
05/02/2007	ORDER DEBIT	-28.20	1.98
04/26/2007	CREDIT	30.00	30.18
04/25/2007	ORDER DEBIT	-4.60	0.18
04/14/2007	RETURN CREDIT	2.25	4.78
04/12/2007	ORDER DEBIT	-47.80	2.53
04/11/2007	CREDIT	50.00	50.33
03/28/2007	ORDER DEBIT	-3.12	0.33
03/21/2007	ORDER DEBIT	-48.10	3.45
03/20/2007	CREDIT	50.00	51.55
03/14/2007	ORDER DEBIT	-5.60	1.55
03/07/2007	ORDER DEBIT	-43.05	7.15
03/07/2007	CREDIT	50.00	50.20
02/28/2007	ORDER DEBIT	-48.40	0.20
02/21/2007	ORDER DEBIT	-9.96	48.60
02/21/2007	CREDIT	50.00	58.56
02/20/2007	RETURN CREDIT	3.90	8.56
02/14/2007	ORDER DEBIT	-79.78	4.66
02/14/2007	CREDIT	80.00	84.44
02/07/2007	ORDER DEBIT	-45.70	4.44
02/07/2007	CREDIT	50.00	50.14



01/31/2007	ORDER DEBIT	-4.90	0.14
01/24/2007	ORDER DEBIT	-27.50	5.04
01/24/2007	CREDIT	30.00	32.54
01/15/2007	RETURN CREDIT	2.40	2.54
01/10/2007	ORDER DEBIT	-50.30	0.14
01/08/2007	CREDIT	50.00	50.44
12/20/2006	ORDER DEBIT	-9.80	0.44
12/20/2006	CREDIT	10.00	10.24
12/13/2006	ORDER DEBIT	-40.35	0.24
12/06/2006	ORDER DEBIT	-17.53	40.59
12/04/2006	CREDIT	30.00	58.12
11/29/2006	ORDER DEBIT	-17.31	28.12
11/22/2006	CREDIT	30.00	45.43
11/21/2006	CREDIT	10.00	15.43
11/20/2006	RETURN CREDIT	4.63	5.43
11/15/2006	ORDER DEBIT	-13.98	0.80
11/08/2006	ORDER DEBIT	-7.35	14.78
11/01/2006	ORDER DEBIT	-7.95	22.13
11/01/2006	CREDIT	30.00	30.08
10/25/2006	ORDER DEBIT	-30.59	0.08
10/20/2006	RETURN CREDIT	0.60	30.67
10/20/2006	CREDIT	30.00	30.07
10/18/2006	ORDER DEBIT	-0.60	0.07
10/05/2006	ORDER DEBIT	-29.50	0.67
10/05/2006	RETURN CREDIT	28.40	30.17
10/04/2006	ORDER DEBIT	-28.40	1.77
10/04/2006	CREDIT	30.00	30.17
09/20/2006	ORDER DEBIT	-30.12	0.17
09/19/2006	CREDIT	30.00	30.29
09/13/2006	ORDER DEBIT	-6.45	0.29
09/06/2006	ORDER DEBIT	-23.40	6.74
09/05/2006	CREDIT	30.00	30.14
08/30/2006	ORDER DEBIT	-50.91	0.14
08/25/2006	CREDIT	50.00	51.05
08/23/2006	ORDER DEBIT	-38.95	1.05
08/23/2006	CREDIT	40.00	40.00
08/09/2006	ORDER DEBIT	-30.34	0.00
08/08/2006	CREDIT	30.00	30.34
08/02/2006	ORDER DEBIT	-4.40	0.34
07/26/2006	ORDER DEBIT	-45.39	4.74
07/25/2006	CREDIT	50.00	50.13
07/19/2006	ORDER DEBIT	-39.89	0.13
07/18/2006	CREDIT	40.00	40.02
06/28/2006	ORDER DEBIT	-1.93	0.02
06/21/2006	ORDER DEBIT	-15.75	1.95
06/15/2006	CREDIT	15.00	17.70
06/14/2006	ORDER DEBIT	-37.94	2.70
06/13/2006	CREDIT	40.00	40.64
06/08/2006	ORDER DEBIT	-39.78	0.64
06/07/2006	CREDIT	40.00	40.42
05/24/2006	ORDER DEBIT	-4.70	0.42



05/22/2006	RETURN CREDIT	3.90	5.12
05/17/2006	ORDER DEBIT	-48.82	1.22
05/16/2006	CREDIT	50.00	50.04
05/04/2006	ORDER DEBIT	-10.05	0.04
04/27/2006	ORDER DEBIT	-3.29	10.09
04/24/2006	CREDIT	10.00	13.38
04/19/2006	ORDER DEBIT	-46.65	3.38
04/19/2006	CREDIT	50.00	50.03
04/12/2006	ORDER DEBIT	-30.03	0.03
04/12/2006	CREDIT	30.00	30.06
03/23/2006	CVOID-CREDIT	-40.00	0.06
03/23/2006	CREDIT	40.00	40.06
03/22/2006	ORDER DEBIT	-40.50	0.06
03/22/2006	CREDIT	40.00	40.56
03/08/2006	ORDER DEBIT	-40.53	0.56
03/08/2006	CREDIT	40.00	41.09
03/07/2006	RETURN CREDIT	0.65	1.09
03/01/2006	ORDER DEBIT	-0.65	0.44
02/23/2006	ORDER DEBIT	-58.05	1.09
02/15/2006	ORDER DEBIT	-81.26	59.14
02/15/2006	CREDIT	40.00	140.40
02/14/2006	CREDIT	100.00	100.40
02/08/2006	ORDER DEBIT	-49.97	0.40
02/08/2006	CREDIT	50.00	50.37
01/25/2006	ORDER DEBIT	-8.29	0.37
01/18/2006	ORDER DEBIT	-51.22	8.66
01/17/2006	CREDIT	40.00	59.88
01/04/2006	ORDER DEBIT	-23.65	19.88
01/03/2006	CREDIT	40.00	43.53
12/20/2005	ORDER DEBIT	-46.60	3.53
12/19/2005	CREDIT	40.00	50.13
12/16/2005	CREDIT	10.00	10.13
12/14/2005	ORDER DEBIT	-40.34	0.13
12/14/2005	CREDIT	40.00	40.47
12/08/2005	ORDER DEBIT	-2.60	0.47
11/30/2005	ORDER DEBIT	-46.98	3.07
11/25/2005	CREDIT	10.00	50.05
11/23/2005	CREDIT	40.00	40.05
11/22/2005	ORDER DEBIT	-36.73	0.05
11/17/2005	ORDER DEBIT	-3.40	36.78
11/16/2005	CREDIT	40.00	40.18
11/02/2005	ORDER DEBIT	-2.68	0.18
10/26/2005	ORDER DEBIT	-29.06	2.86
10/26/2005	CREDIT	30.00	31.92
10/19/2005	ORDER DEBIT	-0.80	1.92
10/12/2005	ORDER DEBIT	-47.32	2.72
10/11/2005	CREDIT	50.00	50.04
10/05/2005	ORDER DEBIT	-11.45	0.04
10/05/2005	CREDIT	11.00	11.49
09/28/2005	ORDER DEBIT	-41.68	0.49
09/23/2005	RETURN CREDIT	41.13	42.17

09/21/2005	ORDER DEBIT	-48.98	1.04
09/14/2005	CREDIT	50.00	50.02
08/31/2005	ORDER DEBIT	-3.00	0.02
08/17/2005	ORDER DEBIT	-47.14	3.02
08/16/2005	CREDIT	50.00	50.16
07/13/2005	ORDER DEBIT	-40.36	0.16
07/13/2005	CREDIT	40.00	40.52
06/22/2005	ORDER DEBIT	-39.81	0.52
06/15/2005	CREDIT	40.00	40.33
06/01/2005	ORDER DEBIT	-0.03	0.33
05/18/2005	ORDER DEBIT	-3.10	0.36
05/11/2005	ORDER DEBIT	-37.26	3.46
05/11/2005	CREDIT	40.00	40.72
04/27/2005	ORDER DEBIT	-49.92	0.72
04/26/2005	CREDIT	50.00	50.64
04/20/2005	ORDER DEBIT	-34.38	0.64
04/20/2005	CREDIT	5.00	35.02
04/19/2005	CREDIT	30.00	30.02
04/13/2005	ORDER DEBIT	-0.90	0.02
03/30/2005	ORDER DEBIT	-39.90	0.92
03/29/2005	CREDIT	40.00	40.82
03/23/2005	ORDER DEBIT	-20.70	0.82
03/18/2005	CREDIT	20.00	21.52
03/16/2005	ORDER DEBIT	-40.61	1.52
03/14/2005	CREDIT	40.00	42.13
03/09/2005	ORDER DEBIT	-38.64	2.13
03/02/2005	ORDER DEBIT	-4.76	40.77
03/02/2005	CREDIT	40.00	45.53
02/23/2005	ORDER DEBIT	-45.38	5.53
02/22/2005	CREDIT	50.00	50.91
02/09/2005	ORDER DEBIT	-49.36	0.91
02/08/2005	CREDIT	50.00	50.27
12/27/2004	ORDER DEBIT	-27.26	0.27
12/27/2004	CREDIT	25.00	27.53
12/19/2004	ORDER DEBIT	-5.20	2.53
12/15/2004	ORDER DEBIT	-32.94	7.73
12/15/2004	CREDIT	40.00	40.67
12/08/2004	ORDER DEBIT	-4.45	0.67
11/29/2004	CREDIT	5.00	5.12
10/22/2004	ORDER DEBIT	-1.26	0.12
10/13/2004	ORDER DEBIT	-14.28	1.38
10/06/2004	ORDER DEBIT	-3.20	15.66
10/06/2004	CREDIT	15.00	18.86
09/29/2004	ORDER DEBIT	-16.18	3.86
09/20/2004	CREDIT	20.00	20.04
08/15/2004	IMPORT CREDIT	0.04	0.04

7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITJohn Hummons  
Plaintiff

Et-Al

v.

Sheriff Tom Dart

Defendant(s) Et-Al

CASE NUMBER 07-C-6500JUDGE HOLDERMAN/ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, ~~20070076433~~ John Hummons, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 20070076433 Name of prison or jail: Cook County  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \_\_\_\_\_

2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

- a. If the answer is "No":  
Date of last employment: \_\_\_\_\_  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_

- b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

- a. Salary or wages ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_

COUNTY OF COOK

SS

AFFIDAVIT

I DO SWEAR THAT THE INFORMATION HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE, AND IF CALLED TO TESTIFY, I WOULD TESTIFY THE SAME.

① I HAVE ONLY BEEN allowed out of my cell for about an hour a day. This has really TOOK ITS toll on me because it feels to me like I am already guilty when instill I have not even been to trial yet.

I am only a Pre-trial Detainee and should be held to a less Stringent Standard than of a convicted Felon. When I am finally allowed out of my cell for the hour with 38 other Detainees I have to shower, then almost fight to use the phone to talk with family or lawyer. And this has taken a toll on my physical ~~phyc~~<sup>psyche</sup>. I suffer from sever Headaches and Severe Depression trying to keep at one thing other than being able to focuse on my case alone.

I, John Hummons being first duly affirmed despose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

John Hummons  
AFFIANT  
John Hummons

Notarized under and by 735

ILCS 5-109, under perjury

Subscribed and affirmed to before me  
this 12-11-07 day of \_\_\_\_\_, 2007

Notary Public

John Hummons H-3  
20070076433

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11-27-07

John Hummons  
Signature of Applicant

John Hummons  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, John T. Hummons A.D.# 20070076433, has the sum of \$ 9.99 on account to his/her credit at (name of institution) Cook City Dept of Correction. I further certify that the applicant has the following securities to his/her credit: 0. I further certify that during the past six months the applicant's average monthly deposit was \$ 40.00. (Add all deposits from all sources and then divide by number of months).

12/5/07  
DATE

Sec Warden Dean  
SIGNATURE OF AUTHORIZED OFFICER

Sec. Warden Dean  
(Print name)



**ARAMARK**

Managed Services

*Managed Better.*

**\*\*TRANSACTION REPORT\*\***

Print Date: 12/05/2007

Inmate Name: HUMMONS, JOHN T.  
Inmate Number: 20070076433  
Inmate DOB: 8/4/1968

Balance: \$9.99

Stamp	Transaction	Amount	Balance
12/05/2007	ORDER DEBIT	-65.24	9.99
12/05/2007	CREDIT	— 50.00	75.23
11/30/2007	CREDIT	— 25.00	25.23
11/14/2007	ORDER DEBIT	-19.06	0.23
11/08/2007	ORDER DEBIT	-60.74	19.29
11/06/2007	CREDIT	— 30.00	80.03
11/01/2007	CREDIT	— 50.00	50.03
10/25/2007	ORDER DEBIT	-52.23	0.03
10/18/2007	ORDER DEBIT	-34.74	52.26
10/16/2007	CREDIT	— 20.00	87.00
10/15/2007	CREDIT	— 50.00	67.00
10/09/2007	CREDIT	— 17.00	17.00

© 2004 ARAMARK Corporation. All Rights Reserved

7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITAntonio Morris  
Plaintiff Et-Al

v.

Sheriff  
Tom Dart  
Defendant(s) Et-AlCASE NUMBER 07-C-6800JUDGE Holderman / Ashmawi

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Antonio Morris, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 2000036521 Name of prison or jail: Cook County Jail  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: 0
2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: 0  
Name and address of employer: 0
  - a. If the answer is "No":  
Date of last employment: N/A  
Monthly salary or wages: N/A  
Name and address of last employer: N/A
  - b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: 0  
Name and address of employer: N/A
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
  - a. Salary or wages ☐ Yes ☒ No  
Amount 0 Received by 0



- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_

COUNTY OF COOK

SS

AFFIDAVIT

I, Antonio Morris, Do Swear That the following is true to the best of my knowledge. And if called to testify, I would do so Swearing to the facts herein: ON or about 11.17.07 - I witnessed the defendants implement a policy that violates my constitutional rights. (I.E.) (By me being a "PRE-TRIAL DETAINEE" I can not be held to that of a "CONVICTED FELON.") They [the defendants] only allow us, inmates, out the the cell for "2 hours" a day, with us being about 30 person at a time. Now in that time every one cannot ~~use~~ use the phone (which take approx. 20 mins) and shower in that time frame. Also the shower are very Rusty and should not be in use.

From this I suffer from severe headaches, severe depression and loss of defence for my criminal case, (due to lack of time out), and also severe skin rashes (from Rust in showers).

This IS my own statement and it is true to the best of my knowledge.

I, Antonio Morris being first duly affirmed depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

Antonio Morris  
AFFIANT  
Antonio MORRIS

Subscribed and affirmed to before me  
this 17 day of 17, 2007  
Antonio Morris  
Notary Public

NOTARIZED UNDER  
AND BY 735 ILCS  
5-109, UNDER PERJURY

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11 27 07

*Antonio Morris*  
Signature of Applicant

Antonio Morris  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Antonio Morris, ID.# 20060036729, has the sum of \$ 24 on account to his/her credit at (name of institution) Cook City Dept of Correction

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ 36.00. (Add all deposits from all sources and then divide by number of months).

12/5/07  
DATE

*Soc Worker Dean*  
SIGNATURE OF AUTHORIZED OFFICER

Soc Worker Dean  
(Print name)



**\*\*TRANSACTION REPORT\*\***

Print Date: 12/05/2007

Inmate Name: MORRIS, ANTONIO  
Inmate Number: 20060036729  
Inmate DOB: 6/30/1986

Balance: \$0.24

Stamp	Transaction	Amount	Balance
12/05/2007	ORDER DEBIT	-1.72	0.24
11/28/2007	ORDER DEBIT	-5.27	1.96
11/19/2007	ORDER DEBIT	-7.58	7.23
11/16/2007	CREDIT	10.00	14.81
11/13/2007	ORDER DEBIT	-15.24	4.81
11/07/2007	CREDIT	20.00	20.05
11/07/2007	ORDER DEBIT	-0.43	0.05
11/02/2007	RETURN CREDIT	0.43	0.48
10/31/2007	ORDER DEBIT	-0.43	0.05
10/24/2007	ORDER DEBIT	-18.53	0.48
10/17/2007	ORDER DEBIT	-21.02	19.01
10/15/2007	CREDIT	40.00	40.03
10/03/2007	ORDER DEBIT	-0.06	0.03
09/19/2007	ORDER DEBIT	-20.19	0.09
09/14/2007	CREDIT	20.00	20.28
09/12/2007	ORDER DEBIT	-19.72	0.28
09/06/2007	CREDIT	20.00	20.00
08/22/2007	ORDER DEBIT	-16.48	0.00
08/15/2007	ORDER DEBIT	-11.95	16.48
08/01/2007	ORDER DEBIT	-26.37	28.43
07/25/2007	ORDER DEBIT	-1.93	54.80
07/24/2007	CREDIT	50.00	56.73
07/18/2007	ORDER DEBIT	-23.42	6.73
07/11/2007	ORDER DEBIT	-20.01	30.15
07/10/2007	CREDIT	50.00	50.16
06/15/2007	RETURN CREDIT	0.15	0.16
06/13/2007	ORDER DEBIT	-0.15	0.01
05/30/2007	ORDER DEBIT	-6.19	0.16
05/23/2007	ORDER DEBIT	-10.08	6.35
05/20/2007	RETURN CREDIT	16.37	16.43
05/16/2007	ORDER DEBIT	-10.69	0.06
05/09/2007	ORDER DEBIT	-7.83	10.75
05/04/2007	CREDIT	10.00	18.58
04/26/2007	ORDER DEBIT	-11.45	8.58
04/23/2007	CREDIT	20.00	20.03
04/21/2007	RETURN CREDIT	0.03	0.03
04/18/2007	ORDER DEBIT	-0.03	0.00

04/16/2007	RETURN CREDIT	0.03	0.03
04/12/2007	ORDER DEBIT	-0.03	0.00
04/05/2007	ORDER DEBIT	-2.87	0.03
03/28/2007	ORDER DEBIT	-13.34	2.90
03/24/2007	RETURN CREDIT	16.17	16.24
03/22/2007	ORDER DEBIT	-16.17	0.07
03/15/2007	ORDER DEBIT	-17.90	16.24
03/08/2007	CREDIT	30.00	34.14
03/08/2007	ORDER DEBIT	-8.22	4.14
02/28/2007	ORDER DEBIT	-12.71	12.36
02/27/2007	CREDIT	25.00	25.07
02/21/2007	ORDER DEBIT	-5.27	0.07
02/14/2007	ORDER DEBIT	-17.75	5.34
02/07/2007	ORDER DEBIT	-13.51	23.09
01/31/2007	ORDER DEBIT	-13.44	36.60
01/26/2007	CREDIT	25.00	50.04
01/24/2007	ORDER DEBIT	-7.73	25.04
01/22/2007	CREDIT	25.00	32.77
01/17/2007	ORDER DEBIT	-5.88	7.77
01/10/2007	ORDER DEBIT	-13.78	13.65
01/09/2007	CREDIT	10.00	27.43
12/27/2006	ORDER DEBIT	-8.18	17.43
12/21/2006	CREDIT	25.00	25.61
12/20/2006	ORDER DEBIT	-13.15	0.61
12/13/2006	ORDER DEBIT	-11.26	13.76
12/08/2006	CREDIT	25.00	25.02
12/06/2006	ORDER DEBIT	-0.27	0.02
11/21/2006	ORDER DEBIT	-10.12	0.29
11/15/2006	ORDER DEBIT	-14.75	10.41
11/15/2006	CREDIT	25.00	25.16
11/08/2006	ORDER DEBIT	-10.08	0.16
11/04/2006	RETURN CREDIT	6.18	10.24
11/01/2006	ORDER DEBIT	-6.18	4.06
11/01/2006	CREDIT	10.00	10.24
10/25/2006	ORDER DEBIT	-10.60	0.24
10/18/2006	ORDER DEBIT	-6.72	10.84
10/11/2006	ORDER DEBIT	-13.33	17.56
10/10/2006	CREDIT	30.00	30.89
10/05/2006	ORDER DEBIT	-11.77	0.89
10/05/2006	RETURN CREDIT	1.44	12.66
10/04/2006	ORDER DEBIT	-1.44	11.22
09/27/2006	ORDER DEBIT	-10.70	12.66
09/20/2006	ORDER DEBIT	-7.53	23.36
09/13/2006	ORDER DEBIT	-9.25	30.89
09/07/2006	CREDIT	40.00	40.14
09/06/2006	ORDER DEBIT	-9.87	0.14
09/01/2006	CREDIT	10.00	10.01
08/23/2006	ORDER DEBIT	-2.87	0.01
08/16/2006	ORDER DEBIT	-7.35	2.88
08/09/2006	ORDER DEBIT	-19.82	10.23
08/04/2006	CREDIT	30.00	30.05

07/05/2006	ORDER DEBIT	-3.02	0.05
06/28/2006	ORDER DEBIT	-17.46	3.07
06/25/2006	RETURN CREDIT	0.40	20.53
06/22/2006	CREDIT	20.00	20.13
06/21/2006	ORDER DEBIT	-0.40	0.13
06/20/2006	RETURN CREDIT	0.45	0.53
06/14/2006	ORDER DEBIT	-0.45	0.08
06/07/2006	ORDER DEBIT	-8.67	0.53
05/31/2006	ORDER DEBIT	-11.43	9.20
05/31/2006	CREDIT	20.00	20.63
05/24/2006	ORDER DEBIT	-11.37	0.63
05/17/2006	CREDIT	12.00	12.00

© 2004 ARAMARK Corporation. All Rights Reserved

7/11/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITCornelius Osborne  
Plaintiff E+AL

v.

Tom  
Sheriff Dart  
Defendant(s) E+ALCASE NUMBER 07-C-6800  
JUDGE HOLDERMAN/ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT.

I, Cornelius Osborne, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 20070650323 Name of prison or jail: Cook County Jail  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \_\_\_\_\_

2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

a. If the answer is "No":  
Date of last employment: \_\_\_\_\_  
Monthly salary or wages: \$ 2006  
Name and address of last employer: S.C.C.

b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages  
Amount \_\_\_\_\_ Received by \_\_\_\_\_ ☐ Yes ☒ No

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents  
\_\_\_\_\_  
\_\_\_\_\_



STATE OF ILLINOIS )

COUNTY OF COOK )

SS

AFFIDAVIT

I The undersigned hereby certify under penalty of perjury  
 That The following facts are true:  
 on or about 3-07 the defendants implemented policies  
 that violate my constitutional rights. The showers are  
 have been under disgusting and grotesque conditions  
 leaking inside the shower area. I cannot shower without  
 getting fungus on me or vomiting from the intense  
 disgusting odors. Defendants did so maliciously and  
 iciously and intentionally with the intent to cause  
 plaintiff injury. Defendants also only allow me out of my  
 cell for 11 hour a day. I am only a pretrial detainee and  
 must be held to a less stringent standard ~~standard~~ <sup>EMER</sup> of a  
 convicted felon. The hour I am allowed outside I only have  
 Time to shower and try my best to use the phone when  
 theres 30 plus detainees trying to use it at that same

I, Cornelius Osborne being first duly sworn under oath depose and state  
 that the foregoing is true and correct and made upon my personal knowledge and  
 I am competent to testify thereto.

notarized under a ndbx 735 ILCS

S-109, under perjury  
 subscribed and affirmed to before me

this 11 day of Dec, 2007

Cornelius Osborne  
 Notary Public

Cornelius Osborne  
 AFFIANT  
 Cornelius Osborne

hour. It takes me 5 minutes to get connected to my family and the cell last 20 minutes that's 25 minutes which obviously isn't enough time for every body to use the phone. As a result of all of this I suffer from severe headaches, severe depression and lost of defense of my case due to not enough time out. Lack of hygiene, skin rashes, trauma, and lost sleep due to the showers grotesque conditions

20070050323

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11-13-2007

Cornelius Osborne  
Signature of Applicant

Cornelius Osborne  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein Cornelius Osborne, I.D.# 20070050323 has the sum of \$ 4.99 on account to his/her credit at (name of institution) Cook Dept of

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ 48.00

(Add all deposits from all sources and then divide by number of months).

12/4/07  
DATE

Sgt. W. Dean  
SIGNATURE OF AUTHORIZED OFFICER

Sgt. W. Dean  
(Print name)



**\*\*TRANSACTION REPORT\*\***  
Print Date: 12/04/2007

Inmate Name: OSBORNE, CORNELIUS  
Inmate Number: 20070050323  
Inmate DOB: 4/21/1966

Balance: \$4.99

Stamp	Transaction	Amount	Balance
		-7.23	4.99
11/28/2007	ORDER DEBIT	-16.01	12.22
11/19/2007	ORDER DEBIT	25.00	28.23
11/16/2007	CREDIT	-48.43	3.23
11/14/2007	ORDER DEBIT	25.00	51.66
11/13/2007	CREDIT	25.00	26.66
11/02/2007	CREDIT	-24.85	1.66
10/25/2007	ORDER DEBIT	25.00	26.51
10/19/2007	CREDIT	-17.60	1.51
10/18/2007	ORDER DEBIT	-35.31	19.11
10/12/2007	ORDER DEBIT	20.00	54.42
10/05/2007	CREDIT	-23.50	34.42
10/04/2007	ORDER DEBIT	38.00	57.92
10/03/2007	CREDIT	15.00	19.92
09/28/2007	CREDIT	-28.50	4.92
09/27/2007	ORDER DEBIT	20.00	33.42
09/25/2007	CREDIT	-17.30	13.42
09/21/2007	ORDER DEBIT	15.00	30.72
09/14/2007	CREDIT	15.00	15.72
09/10/2007	CREDIT	-18.79	0.72
09/06/2007	ORDER DEBIT	15.00	19.51
09/04/2007	CREDIT	-20.37	4.51
08/16/2007	ORDER DEBIT	20.00	24.88
08/15/2007	CREDIT	-21.51	4.88
08/10/2007	ORDER DEBIT	22.00	26.39
08/09/2007	CREDIT	-8.59	4.39
08/01/2007	ORDER DEBIT	10.00	12.98
07/27/2007	CREDIT	-12.82	2.98
07/26/2007	ORDER DEBIT	15.00	15.80
07/24/2007	CREDIT	-14.42	0.80
07/21/2007	ORDER DEBIT	15.00	15.22
07/20/2007	CREDIT	-9.78	0.22
07/12/2007	ORDER DEBIT	10.00	10.00
07/10/2007	CREDIT		

© 2004 ARAMARK Corporation. All Rights Reserved

7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITAnthony Johnson  
Plaintiff et. al.

v.

Shewell Tom Dart  
Defendant(s) et. al.CASE NUMBER 07-C-6800JUDGE Holderman/Ashman

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Anthony Johnson, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 2007-0014817 Name of prison or jail: Cook County Department of Corrections  
Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: \_\_\_\_\_

2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

a. If the answer is "No":  
Date of last employment: N/A  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_

b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS )

COUNTY OF COOK )

SS

AFFIDAVIT

I Anthony Johnson Do Swear that the following is true to the best of my knowledge, and as related to testing I would be so swearing to the facts here in Cook County jail on March 1, 2007 I Anthony Johnson witness the Defendants impose a policy that violates my Constitutional Right and many other Right. Defendant only allow me to be outside my cell for 2 hour today and for only 4 per week. Detainee here at the Cook County jail and must be held to a less stringent standard than a convicted felon. I all so have 2 hour to make a phone call, shower, and exercise it be a long line to use the phone and 2 hour with (30 plus) other Detainee make it hard for me to talk to my family and attorney. It is that I suffer from severe headaches and Depression, and stress do to my case for my Defense of my case because not enough time out.

This Statement is my own and it's very true.

I, Anthony Johnson being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

Notarized under and by 735 ILCS  
5-109, Under penalty

Anthony Johnson  
AFFIANT  
Anthony Johnson

Subscribed and affirmed to before me

this 11 day of Dec, 2007

Anthony Johnson  
Notary Public

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 12-03-2007

Anthony Johnson  
Signature of Applicant

Anthony Johnson  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Anthony Johnson, I.D.# 20070041817, has the sum of \$ 32.89 on account to his/her credit at (name of institution) Cook City Dept of Correction

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further

certify that during the past six months the applicant's average monthly deposit was \$ 54.00

(Add all deposits from all sources and then divide by number of months).

12/5/07  
DATE

Soc Worker Dean  
SIGNATURE OF AUTHORIZED OFFICER

Soc Worker Dean  
(Print name)



**ARAMARK**

Managed Services

**Managed Better.****\*\*TRANSACTION REPORT\*\***

Print Date: 12/05/2007

Inmate Name: JOHNSON, ANTHONY

Balance: \$32.89

Inmate Number: 20070041817

Inmate DOB: 10/6/1980

Stamp	Transaction	Amount	Balance
12/05/2007	ORDER DEBIT	-18.54	32.89
11/28/2007	ORDER DEBIT	-28.89	51.43
11/26/2007	CREDIT	75.00	80.32
11/19/2007	ORDER DEBIT	-8.08	5.32
11/08/2007	ORDER DEBIT	-21.87	13.40
11/07/2007	CREDIT	30.00	35.27
10/25/2007	ORDER DEBIT	-11.90	5.27
10/12/2007	ORDER DEBIT	-20.74	17.17
10/10/2007	CREDIT	31.05	37.91
10/04/2007	ORDER DEBIT	-19.31	6.86
09/27/2007	ORDER DEBIT	-16.04	26.17
09/24/2007	RETURN CREDIT	1.56	42.21
09/21/2007	ORDER DEBIT	-14.81	40.65
09/14/2007	ORDER DEBIT	-9.79	55.46
09/06/2007	CREDIT	50.00	65.25
09/06/2007	ORDER DEBIT	-13.50	15.25
09/04/2007	RETURN CREDIT	2.40	28.75
08/31/2007	ORDER DEBIT	-24.06	26.35
08/21/2007	CREDIT	50.00	50.41
08/16/2007	ORDER DEBIT	-3.12	0.41
08/10/2007	ORDER DEBIT	-6.33	3.53
08/01/2007	ORDER DEBIT	-40.16	9.86
07/27/2007	CREDIT	50.00	50.02
07/12/2007	ORDER DEBIT	-28.77	0.02
07/11/2007	CREDIT	25.00	28.79
07/07/2007	RETURN CREDIT	3.28	3.79
07/05/2007	ORDER DEBIT	-30.89	0.51
07/03/2007	CREDIT	31.00	31.40
06/14/2007	ORDER DEBIT	-15.60	0.40
06/13/2007	CREDIT	16.00	16.00

© 2004 ARAMARK Corporation. All Rights Reserved

7/14/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT

Percy M Adden  
Plaintiff ET - AL

v.

Sheriff Tom DART  
Defendant(s) ET - AL

CASE NUMBER 07-L-6800  
JUDGE HOLDERMAN / ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, \_\_\_\_\_, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 20060094604 Name of prison or jail: Cook County Department of Correctional  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \_\_\_\_\_
2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_  
  - a. If the answer is "No":  
Date of last employment: N/A  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_
  - b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
  - a. Salary or wages ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS )

COUNTY OF COOK )

SS

AFFIDAVIT

I Percy Madden" do WEAR THAT The Following  
 is True To The BEST of my knowledge, an if Called To Testify  
 I would do so, SWEARING To The fact herein: on "or about  
~~03-01~~ 03-01, ~~I~~ witnessed The defendant's implement a policy  
 That violates my constitutional rights, i.e, defendants  
 only allow me outside my cell for up to (1) one hour a  
 day, And I'm only a pre-trial detainee and must be  
 held To a less stringent standard than that of a  
 convicted person, when out of my room for an hour (with)  
 (30 plus) people/detainees I must use The phone "shower"  
 and even (wash) clothes" and That takes up a lot of time,  
 and AS A RESULT "I suffer major back pains headaches  
 and major depression" plus The fact That i can't get to The  
 Law-Library to work on my case, This statement is my  
 own & it's True

I, Percy madden being first duly sworn under oath depose and state  
 that the foregoing is true and correct and made upon my personal knowledge and  
 I am competent to testify thereto.

Mr. Percy Madden  
 AFFIANT  
 PERCY MADDEN

Notarized under And by ILCS  
 5-109, under perjury.

Subscribed and affirmed to before me

this 11th day of Dec., 2007

Mr. Percy Madden  
 Notary Public

Percy Madden  
#20060094604

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11-15-07

Percy Madden  
Signature of Applicant

Percy Madden  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Percy Madden, I.D.# 20060094604 has the sum of \$ 0.14 on account to his/her credit at (name of institution) Cook county Jail.


I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ 5.00.

(Add all deposits from all sources and then divide by number of months).

12-06-07  
DATE

See Worker Dean  
SIGNATURE OF AUTHORIZED OFFICER

See Worker Dean  
(Print name)



Managed Services  
**Managed Better.**

Number Search	Name Search	Transactions	Orders	Exit
---------------	-------------	--------------	--------	------

20060094604 - MADDEN, PERCY  
**BALANCE: \$0.14**

Stamp	Transaction	Amount	Balance
08/01/2007	ORDER DEBIT	-2.40	0.14
07/26/2007	ORDER DEBIT	-2.46	2.54
07/06/2007	CREDIT	5.00	5.00

Click A Transaction To View The Detail or [Print Full Report](#)

© 2004 ARAMARK Corporation. All Rights Reserved

7/11/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT

CARDELL ENGLISH 20070038229Plaintiff ET AL.,

v.

SHERIFF TOM DARTDefendant(s) ET AL.,CASE NUMBER 07-C-6800JUDGE HOLDERMAN/ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, CARDELL ENGLISH, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
 I.D. # 20070039229 Name of prison or jail: COOK COUNTY JAIL  
 Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \_\_\_\_\_
2. Are you currently employed? ☐ Yes ☒ No  
 Monthly salary or wages: 0  
 Name and address of employer: \_\_\_\_\_  
 \_\_\_\_\_  
 a. If the answer is "No":  
 Date of last employment: \_\_\_\_\_  
 Monthly salary or wages: \_\_\_\_\_  
 Name and address of last employer: \_\_\_\_\_  
 \_\_\_\_\_  
 b. Are you married? ☒ Yes ☐ No  
 Spouse's monthly salary or wages: N/A  
 Name and address of employer: \_\_\_\_\_  
 \_\_\_\_\_
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.  
 a. Salary or wages ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_



STATE OF ILLINOIS )

COUNTY OF COOK )

SS )  
)  
)  
)  
)AFFIDAVIT

I Cardell English Do SWEAR THAT THE FOLLOWING IS TRUE TO THE BEST OF MY KNOWLEDGE. AND IF CALLED TO TESTIFY I WOULD DO SO SWEARING TO THE FACTS HEREIN:

ON OR ABOUT - - 07 I WITNESSED THE DEFENDANTS IMPLEMENT A POLICY THAT VIOLATES MY CONSTITUTIONAL RIGHTS. I. C DEFENDANTS ONLY ALLOW ME OUTSIDE MY CELL FOR UP TO ONE (1) HOUR A DAY. AND I'M ONLY A PRE-TRIAL DETAINEE "AND MUST BE HELD TO A LESS STRINGENT STANDARD THAN THAT OF A CONVICTED FELON. WHILE OUT MY CELL FOR THE "HOUR" (WITH 30 PLUS) OTHER DETAINEES I MUST SHOWER, AND THE CALL LAST 20 MINS, THAT'S 25 MINS. THAT'S ONLY ENOUGH TIME FOR TWO PEOPLE TO USE THE PHONE. AS A RESULT, I SUFFER FROM SEVERE HEADACHES, SEVERE DEPRESSION AND LOST OF DEFENCE OF MY CASE DUE TO NOT ENOUGH TIME OUT.

I, Cardell English being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

Notarized under AND by 735 ILCS  
5-109, under Parajury 10-30-06  
Date  
Notarized

Cardell English  
 AFFIANT  
 Cardell English

subscribed and affirmed to before me

this 11 day of 12, 2000

Cardell English  
 Notary Public

THIS STATEMENT IS MY OWN AND IT'S TRUE

H-5 20070038229

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: Nov 21, 2007

Cardell English

Signature of Applicant

CARDELL English  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, CARDELL English, I.D.# 20070038229, has the sum of \$ .1 on account to his/her credit at (name of institution) Cook City Dept of Correction



I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ 6.00

(Add all deposits from all sources and then divide by number of months).

12/4/07  
DATE

Soc Worker Dean  
SIGNATURE OF AUTHORIZED OFFICER

Soc Worker Dean  
(Print name)

 <b>Managed Services</b> <i>Managed Better.</i>			
<b>Number Search</b>	<b>Name Search</b>	<b>Transactions</b>	<b>Orders</b>
 <b>Exit</b>			
20070038229 - ENGLISH, CARDELL <b>BALANCE: \$0.01</b>			
Stamp	Transaction	Amount	Balance
09/06/2007	ORDER DEBIT	-25.03	0.01
08/31/2007	RETURN CREDIT	24.65	25.04
07/17/2007	ORDER DEBIT	-24.65	0.39
07/16/2007	CREDIT	25.00	25.04
06/08/2007	ORDER DEBIT	-9.96	0.04
05/29/2007	CREDIT	10.00	10.00
Click A Transaction To View The Detail or Print Full Report			
© 2004 ARAMARK Corporation. All Rights Reserved			